



**CHILD CARE ASSISTANCE PROGRAM
ESTIMATE OF DAY CARE REQUIRED**

ND DEPARTMENT OF HUMAN SERVICES
CHILD CARE ASSISTANCE
SFN 354 (02-2005)

Parent:	Social Security Number:
Provider Name:	ID Number:
Child Care is required because parent is: (Check all that are appropriate.) <input type="checkbox"/> Going to school <input type="checkbox"/> Working <input type="checkbox"/> JOBS Program Job Search <input type="checkbox"/> Independent Job Search	

CHILD CARE HOURS REQUIRED:

Child's Name:	Average Hours Per Week:
Child's Name:	Average Hours Per Week:
Child's Name:	Average Hours Per Week:
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CHARGES FOR CHILD CARE WILL BE:

Hourly Amount:	Daily Amount:	Monthly Amount:
Other Amount:		
Deposit:	Activity Fee:	
Registration Fee:		

This form is not intended to be a contract between the parent and the provider. It is only to advise the eligibility worker and the client what the charges will be for the anticipated care.

DISTRIBUTION:

ORIGINAL - To County Social Service Board
COPY - To Parent
COPY - To Child Care Provider